

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. _____ FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2	/					
3	/					
4	/					
5	/					
6	/					
7	/					
8	/					
9	/					
10	/					
11	/	3				
12	/					
13	/					
14	/	5				
15						
16		3				
17						
18						
19						
20		3				
21	/	3				
22	/					
23	/					
24	/					
25	/					
26	/					
27	/	5				
28	/					
29	/					
30	/					
31	/					
32	/					
33	/					
34	/					
35	/					
36	/					
37	/	9				
38	/	9				
39	/					
40	/					
41	/	1				
42	/	1				
43	/	5				
44	/	5				
45	/					
46	/					
47	/					
48	/					
49	/					
50	/					
TOTAL IND.	11		↓		↓	↓
TOTAL DEP.	70		←		←	←
TOTAL CLAIMS	81					

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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96						
97						
98						
99						
100						
TOTAL IND.			↓		↓	↓
TOTAL DEP.			←		←	←
TOTAL CLAIMS						